

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12118

MAY 12 1952

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 474	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION Contrary Creek				d. STREET ADDRESS 1316 So. 9th St.			
3. NAME OF DECEASED (Type or Print)		a. (First) RUTH		b. (Middle) CHRISTOPHER		c. (Last) CHRISTOPHER	
4. DATE OF DEATH		(Month) 5		(Day) 2		(Year) 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 8-26-1938	
9. AGE (In years last birthday) 13		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tootle Christopher		13b. MOTHER'S MAIDEN NAME Irene Williams		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Irene Matthews, 1316 So. 9th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Girl drowned while she was in company of two other girls. were wading in Contrary Creek, and stepped into deep water. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		E9294 011 42		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Contrary Creek		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Center Buchanan Mo		21d. STATE (STATE) Mo	
21d. TIME OF INJURY May 2-1952 7:30P		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? While wading in a Creek			
22. I hereby certify that I attended the deceased from 5/2, 1952, to 5/2, 1952, that I last saw the deceased alive on 5/2, 1952, and that death occurred at 7:30P m., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy M.D. (Carmer)		23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 5/2/52		23d. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	
23d. LOCATION (City, town, or county) Halls, Missouri		23e. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23f. LOCATION (City, town, or county) Halls, Missouri		23g. STATE (State) Mo	
DATE REC'D BY LOCAL REG. MAY 5, 1952		REGISTRAR'S SIGNATURE Carl C. Casey		23h. FUNERAL DIRECTOR'S SIGNATURE John E. Smith		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,

working under my personal supervision.

Student
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.